P21000081675

(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: GROUP FOUR SO	LUTION INC				
DOCUMENT NUMBE	:R: <u>P21000081675</u>					
	f Amendment and fee are sul	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
	CARL	OS M AGUDELO OSPINA	Ą			
_		Name of Contact Persor	1			
	GROUP F	OUR SOLUTION INC				
_		Firm/ Company				
	2889	INLET COVE LN W				
_	Address					
	NAPLES,FLORIDA 34120					
_		City/ State and Zip Cod	c			
	INFO@CASAHI	SPANANAPLES.COM				
_	:-	sed for future annual report	notification)			
For forther information	concerning this matter, pleas	en valle				
ror turner intermation	concerning this matter, pieas					
ANA S IBANEZ		at (465-2119 			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State			
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

Articles of Amendment to Articles of Incorporation of

GROUP FOUR SOLUTION INC

(Name of Corporation as current	ly filed with the Florida Dept. of State)		
P2100008	1675		
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:	The new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". "chartered," "professional association," or the abbreviation "P.A.	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4100 CORPORATE SQUARE SUITE 129		
<u></u>	NAPLES,FLORIDA 34104		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres			
Name of New Registered Agent			
	reer address) 282		
New Registered Office Address:	(City) (Zip Colli)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.		
Signature of New I	Registered Agent, if changing		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	<u>John Do</u>	<u>e</u>	
\underline{X} Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Şally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP		LUIS A RESTREPO	2889 INLET COVE LN W
Add	-			NAPLES,FLORIDA 34120
X Remove 2) Change	S		LINA M ORTIZ	2889 INLET COVE LN W
Add		_		NAPLES.FLORIDA 34120
X Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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	avides for an exchan	ment if not contained	l in the amendment i	tself:	
n amendment pro	ementing the amend	ment to the Egyptianics			
n amendment pro	ementing the amend e. indicate N/A)				
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	02/21/2022
	n amendment(s) adoption:, if other than
date this docume	nt was signed.
	02/21/2022
Effective date <u>if</u>	applicable:
	applicable:
Note: If the date document's effect	e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as etive date on the Department of State's records.
Adoption of Am	nendment(s) (<u>CHECK ONE</u>)
The amendme action was no	ent(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder of required.
	ent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) tolders was/were sufficient for approval.
	ent(s) was/were approved by the shareholders through voting groups. The following statement rately provided for each voting group entitled to vote separately on the amendment(s):
"The nu	imber of votes east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
	Dated
	Signature
	(By a director, president or other officer - if directors or officers have not been
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court
	appointed fiduciary by that fiduciary)
	/ $/$ $/$ $/$
	COPISS THE HOUSELD
	(Typed or printed name of person signing)
	7/ //
	\mathcal{L}_{1} \mathcal{L}_{1} \mathcal{L}_{2}
	- FULLED HAVERELL
	appointed fiduciary by that fiduciary) (Typed or printed name of person signing) (Title of person signing)
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